

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ako SHOSE, et al

Serial No.: Not Yet Assigned

Filed: January 29, 2004

For: SURGICAL OPERATION ASSISTANCE SYSTEM AND SURGICAL
OPERATION ASSISTING METHOD

INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR 1.97 & 1.98

Mail Stop DD
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

January 29, 2004

Sir:

In the matter of the above-identified application, applicants are submitting herewith copies of the documents listed in the attached form equivalent to Form PTO-1449 for the Examiner's consideration.

This information disclosure statement is being submitted with the new application.

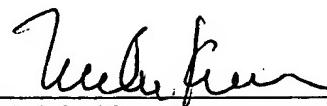
To the extent the documents listed on the attached form equivalent to Form PTO-1449 are not in the English language, the requirement of 37 CFR 1.98(a)(3) for a concise explanation of the relevance is satisfied by the discussion of these documents in the specification, for example, on pages 1 and 7.

It is respectfully requested that this information disclosure statement be considered by the Examiner.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees, to the deposit account of Antonelli, Terry, Stout & Kraus Deposit Account No. 01-2135 (Case: 520.43433X00), and please credit any excess fees to such deposit account.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS LLP



Melvin Kraus
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Attachments

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Substitute for form 1449A/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	
				Filing Date	January 29, 2004
				First Named Inventor	SHOSE, AKO
				Art Unit	
				Examiner Name	
(use as many sheets as necessary)				Attorney Docket Number	520.43433X00
Sheet	1	of	1		

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Initials'	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁸
		Country Code ³ –Number ⁴ –Kind Code ⁵ (if known)				
		JP-2000-113086	04-21-2000			
		JP-2001-293007	10-23-2001			
		JP-11-155881	06-15-1999			

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449B/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	
				Filing Date	January 29, 2004
				First Named Inventor	SHOSE, AKO
				Art Unit	
				Examiner Name	
(use as many sheets as necessary)					
Sheet	2	of	2	Attorney Docket Number	520.43433X00

NON PATENT LITERATURE DOCUMENTS

Examiner Signature _____ **Date Considered** _____

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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